## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE #820

**MIAMI FL 33166** 

3900 NW 79TH AVE SUTIE 441

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

3900 NW 79TH AVE SUITE #820

MIAMI FL 33166



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9400081657 (6)

INTERNATIONAL COMPUTER GROUP, INC.

l	JS	U\$											3. Date Incorporated or Qualified								
													•	11/07/1994							
2.	Principal Place of	Busin	<b>05</b> \$		2	28. Mailing Address								4. FEI Number					Applied For		
21					26	26								65-0547875				No	t Applicable		
	Suite, Apt. #, etc.					Suite, Apt. #, etc.							5 C	ertificate of Stat			\$8	. <b>7</b> 5 A	ddltional		
22					27	27						'	<b>0.</b> C	entificate of Stat	us Desired		F	ee Re	quired		
	City & State					City & State								lection Campaig	n Financing		\$	5.00	May Be		
23						28							Tr	rust Fund Contri	bution		Α	dded to	o Fees		
	Zip			Country		├─ <b>,</b> ' ├──				Country			<b>8.</b> Tr	his corporation (	owes or has p	aid the cur	rent ye	ear Inte	angible		
24			25		21			30						ersonal Property			Yes	=	No No		
9. Name and Address of Current Registered Agent									81	10. Name and Address of New Registered A						Agent					
MURAI WALD BIONDO & MORENO PA											Name										
ATT: GERALD J BIONDO ESO									82 Street Ac			ddress	(P.O	. Box Number is	s Not Accepta	ible)					
25 SE 2ND AVE #900																					
MIAMI FL 33131										83									-		
, , , , , , , , , , , , , , , , , , ,									84	4 04						0.5	85 Zip Code				
									84 City							FL	.   63	Zip C	70 <b>06</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														s registered registered							
SI	GNATURE	tuned	Or Orio	nted name of registered age	ol and t	itle if applicabl	e (NC	OTE: Repis	stered Age	ent	signature r	equired wh	hen rei	nstating)	<del></del>	DATE					
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or day a vacciment with an address.													iniormation it I am an bears in								

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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